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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number

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First Named Inventor

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Art Unit

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Examiner Name

Bost, Dwayne D.

Attorney Docket Number

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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature	/a tankha/		
Printed name	Ashok Tankha		
Date	October 13, 2009	Reg. No.	33802

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